

FILED JUN 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. 17714

0090

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 4043 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>5 mo</u>		d. STREET ADDRESS (If rural, give location) <u>3915 ITASKA AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EL NATHEN NURSING HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace L.</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-1955</u>	
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 19-1973</u>
9. AGE (In years last birthday) <u>82</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MISSIONARY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Thomas Lawrence</u>	13b. MOTHER'S MAIDEN NAME <u>AMELIA</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN EMBRY ANDERSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minta Jean Bollinger</u> ADDRESS <u>Marble Hill</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) <u>151X E</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Fracture left hip</u>		20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/4</u> 1955, to <u>6/13</u> 1955, that I last saw the deceased alive on <u>6/13</u> 1955, and that death occurred at <u>8:00 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>6/13/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EL NATHEN Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville MO</u>
DATE REC'D BY LOCAL REG. <u>6-15-1955</u>	REGISTRAR'S SIGNATURE <u>William VanCumber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Lutesville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.